

1. **Abstract of the Program**

The San Diego County Mental Health Services SHARI (Special Help for At-Risk Individuals) Project is a collaborative effort to reduce the number of unnecessary hospitalizations among mental health clients. Developed in partnership with mental health providers, private psychiatrists and local hospitals, the program aims to reduce the number of repetitive hospitalizations for an identified group of clients with extensive histories of hospitalization. At no additional cost to the County, the project has proven to decrease the number of hospitalizations and improve the level of care for mental health clients. This success translates into costs savings totaling hundreds of thousands of dollars for the ten clients who participated in the project over the course of one year.

2. **Problem/Need for the Program**

Within the County's mental health system, it became apparent that a number of clients were being hospitalized each time they had a life crisis -- sometimes mental health-related and sometimes not. One client included in the SHARI Project, for example, had 23 hospitalizations totaling 105 days in a one-year period. These repeated, frequent hospitalizations interfered with the clients' ability to live independently in the community. In San Diego County, mental health clients who use the hospital repeatedly are offered intensive case management or assertive community treatment programs to assist them. Most clients respond positively to an intensive level of service. However, some clients are still unable to maintain community living and seek hospitalization when they could be treated in outpatient settings. In response to this problem, the County's Mental Health Services Medical Director convened a team of experts skilled in working with psychiatrically disabled adults to develop a method to better serve this client population.

The work team initially looked at clients who were already receiving an intensive level of case management services, but continued to go to private hospital emergency rooms seeking psychiatric hospitalization. These individuals arrived at a variety of private hospitals, and were admitted and treated by different private psychiatrists each time. In some cases, the clients' medications may have been changed as a result of hospitalization. Following discharge from the hospital, outpatient follow-up was difficult to coordinate. In fact, it was common for a client to be readmitted to yet another hospital before the mental health case manager could provide follow-up. Case managers found it nearly impossible to assist clients in maintaining housing and enrollment in other programs due to the disruptions caused by repeated hospitalizations and changes in medications. It became clear that this group of clients required a greater level of service coordination than the system had been able to provide. In order to address the problem, the work team designed the SHARI Project. Beginning with a small number of patients, the County was able to demonstrate SHARI's effectiveness which relies on coordination among participating programs. These programs include:

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- Intensive case management programs, including San Diego County Intensive Case Management, Telecare REACH, Telecare ACT and Telecare ACCESS (Telecare is a contract provider.)
- San Diego County Psychiatric Hospital's Emergency Psychiatric Unit (EPU)
- The County of San Diego's Public Conservatorship Office – responsible for establishing Lanterman-Petris-Short (LPS) conservatorship of the person which allows for involuntary treatment when an individual is unable to provide food, clothing or shelter due to mental disorder
- United Behavioral Health (UBH) – the County's contracted administrative service organization for inpatient authorization and utilization
- Community Research Foundation (CRF) START programs – a County contractor for Crisis House services
- Psychiatric Emergency Response Team (PERT) – County and contracted mental health workers who work with law enforcement when responding to calls regarding persons with mental illness
- Medical directors of local private hospitals and the Patient Rights Advocate, while not part of the work group process, were included as consultants and to ensure their buy-in for the SHARI Project

3. **Description of the Program**

The primary objective of the SHARI Project is to reduce the client's use of unnecessary or inappropriate inpatient hospitalization through better coordination among mental health programs and to ensure that each client receives consistent care from the same psychiatrist and hospital when hospitalization is needed. While SHARI is intended to be a cost saving effort, the project was developed with the commitment to improve outcomes for mental health clients in the community.

The program was implemented in February 2004 with no additional funding other than existing resources provided by the cooperating agencies. The work team that developed SHARI continues to meet on a regular basis to coordinate services for mental health clients and to review potential clients for acceptance in the program.

Once a client is accepted for SHARI, the case manager is responsible to explain the program to the client and encourage participation. The case manager then completes a "Clinician Alert" form, developed by the work team, which provides the necessary history and service plans for each client. The form includes a designated inpatient treating psychiatrist, and the case management contact for the client. In addition, it includes information on the client's diagnosis, symptoms and medications. The Clinician Alert information is updated by the case manager as changes occur. The case manager makes recommendations for the selection of the designated private hospital, psychiatrist and crisis house, taking the client's wishes into consideration. These recommendations are forwarded to the SHARI committee for final determination.

Local private hospitals are provided an updated list of SHARI clients and the Clinician Alerts are provided to UBH, the San Diego County Psychiatric Hospital EPU and the designated Crisis

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House. SHARI clients are encouraged to go to the EPU in the event of a crisis. If the client presents at the emergency room of a private hospital, the hospital is requested to send the client to the EPU for evaluation so that treatment can be coordinated on an ongoing and consistent basis. If the psychiatrist at the EPU determines that hospitalization is required, the client is sent to the private hospital listed on the Clinician Alert, with the understanding that the identified private psychiatrist will be the treating doctor. If it is determined that the client requires placement at a crisis house, the EPU contacts the crisis house and arranges for placement based on the crisis house identified on the Clinician Alert.

The SHARI Project Mission Statement reads:

San Diego County Adult/Older Adult Mental Health Services and its community/contract partners believe in the potential for success for each client served. We are committed to assisting this process in a collaborative manner. It is our belief that a revolving door approach to services is a deterrent to achieving success. Continuity of care and consistency in treatment is needed for persons going from one acute hospitalization to another. SHARI participants will provide a planned approach to services in a consistent manner within the full continuum of care and thus foster the client's successful recovery.

4. Use of Technology

The SHARI Project utilizes eCura, a software program owned by UBH, to complete data reports for the SHARI clients. Additionally, the Mental Health System in San Diego County has utilized the InSyst program, which is a mental health management information system data base which tracks clients' admissions and discharges to any of the mental health programs. Tracking of the client's whereabouts and costs is very important to the efforts of the SHARI Project. The County and its contractors use a Windows-based operating system, and SHARI has primarily used Microsoft Word and Excel. Any identifying information about clients and all information about the client's mental health history are highly confidential, therefore, no information is exchanged via the Internet between the County and other programs. All information is protected as required by strict California and HIPAA (Health Insurance Portability and Accountability Act) confidentiality laws.

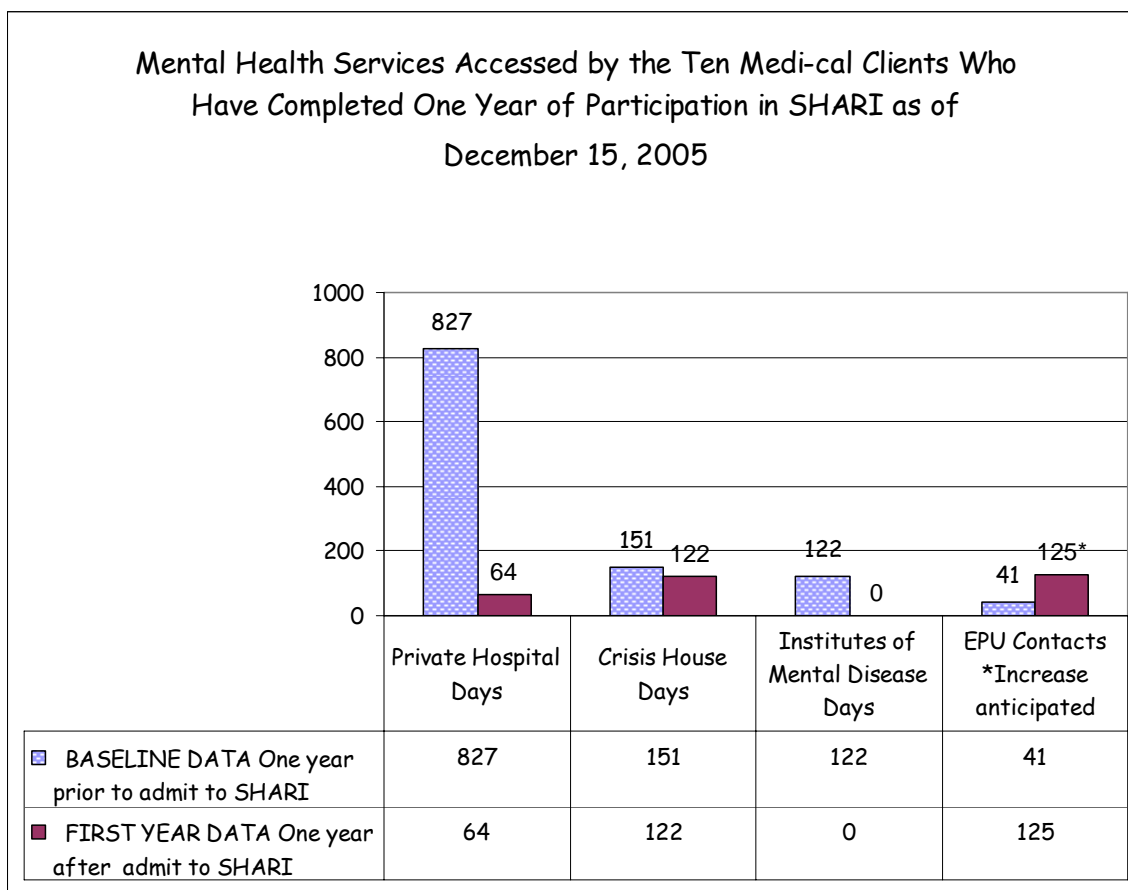
5. The Cost of the Program

The costs for the SHARI Project have all been "in-kind" and include the time for approximately 15 professionals to meet for one to two hours on a monthly basis, the time for committee members to update the database, member lists, and client lists, and the time to provide information to the other committee members and hospitals. Additionally, there have been "in-kind" costs to the EPU whose services to this group of clients increased. The increase in visits to the EPU were planned and desired. No additional staff costs have been added to any of the participating programs.

6. The Results/Success of the Program

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As of December 31, 2005, ten clients have participated in the SHARI project for at least one year. The ten clients' hospital days, Crisis House days, Institute for Mental Disease (IMD) days, and EPU visits are documented for one year prior to participation in SHARI and for their first full year as SHARI enrollees. These ten clients used 827 private hospital days prior to SHARI and 64 private hospital days after SHARI. The ten clients used 151 Crisis House days prior to SHARI and 122 Crisis House days after SHARI. They used 122 IMD days prior to SHARI and none after SHARI. They had 41 EPU visits prior to SHARI and 125 after. See the following visual graph of this data.



In summary, the SHARI project has been highly successful in reducing the use of inappropriate hospitalizations for this group of clients. The cost avoidance for ten clients for private hospital days was \$355,558.

7. Worthiness of an Award

The San Diego County Mental Health Services SHARI Project meets the criteria for the National Association of Counties Achievement by enhancing the cost effectiveness of the currently existing public Mental Health Services system while helping enhance and stabilize clients'

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quality of life. SHARI exemplifies how better coordination and continuity of client care can both save money and improve client outcomes.

Additionally, the SHARI Project promotes an extensive public/private level of cooperation and coordination in addressing the shared problem of more effective management of high utilizers of mental health inpatient services. County and contract mental health services providers and the private community psychiatrists and hospitals continue to work together around a common set of clients, shared goals, and a coordinated care model that stresses consistency and communication. The program resulted in developing a streamlined service delivery system to better serve mental health clients and save taxpayer dollars.